

ADMINISTRATION, KANSAS DEPARTMENT OF

**Moderator: Aimee Rosenow
February 24, 2015
10:00 a.m. CT**

Operator: This is Conference #: 42401563

Operator: Good morning. My name is (Bradley) and I will be your conference operator today. At this time, I would like to welcome everyone to the Statewide Population Health Call. All lines have been placed on mute to prevent any background noise.

After the speakers' remarks, there will be a question-and-answer session. If you would like to ask a question during this time, simply press star then the number one on your telephone keypad. If you would like to withdraw your question, press the pound key. Thank you.

Ms. Aimee Rosenow, you may begin your conference.

Aimee Rosenow: Thank you, (Bradley). Good morning, everyone. Welcome to the February Population Health Call. I'm Aimee Rosenow, with KDHE's Office of Communications. I will go through the agenda real quick for everyone because there have been some changes.

First, we'll have the division of public health with an Ebola update from Charlie Hunt and Mindee Reece. Then Charlie will take over to give his update. And we also have Greg Crawford with us from the Office of Vital Statistics. He'll update us on a couple items.

Our Bureau of Health Promotion has requested to give you some updates. We have (Ginger Park) here to provide those. Then we will hear from Jane

Shirley of the Center for Population Health. Next, a preparedness update followed by the communication's update and then question-and-answer.

So, I'll go ahead and turn it over at this time to Charlie Hunt.

Charlie Hunt: Thank you very much and good morning, everyone. I'm going to provide just a very quick situation update on Ebola and then talk a little bit about the cooperative agreement supplement that we talked about last month after the epidemiology and laboratory capacity for infectious disease or ELC. And then I – we might be talking about the preparedness supplement as well.

So, brief update on the situation on West Africa. We have exceeded 23,000 cases and 9,300 deaths in Guinea, Liberia and Sierra Leone. Most recently, there have been 128 new confirmed cases in those three countries.

Guinea reported 52 new confirmed cases which were decreased from the previous weekend; also represent the first week to week decline since January 25th. Transmission remains widespread in Sierra Leone with 74 new confirmed cases with the activity being most intense in Freetown, which is the capital, which reported 45 new confirmed cases. Liberia reported just two new confirmed cases through the February 12th within the four days previous to that.

There has been some discussion around the need to continue screening patients who presenting at the healthcare facilities about their travel to West Africa. And I would just urge you all to continue to do that, not only for travel to West Africa, but for other infectious diseases as well. There are other diseases, for example Chikungunya and the Caribbean and certainly measles in the Philippines and some other diseases (that were previous concerned). So, I think it's a good idea to screen any patient for recent (travel) history of their presenting with symptoms consistent with an infectious disease.

As I mentioned on the call last month, we were in the process of preparing a cooperative agreement application to supplement our ELC, cooperative agreement for Ebola. And just a recap briefly, there were – there were three

major projects. The first project was focused on healthcare infection control, assessment and response.

We have completed our application and have committed at the CDC. Now, the activities under this would be to update and expand our HAI's state plan and the advisory group to improve coordination between public health and healthcare settings. And then, one of the major components is to assess the readiness of facilities for dealing with infection and prevention and also to provide training.

Right now, our initial plans are to conduct assessment at at least two hospitals in each preparedness region and this when until conducting onsite assessments, identification of any gaps, develop a mitigation plan and conduct training and technical assistance and then conduct follow up assessment.

And these will be once again, these will be the designated Ebola Assessment Centers in Kansas and our goals are to do at least two in each region for that. And the last component of this would be to assess outbreak, reporting and response in healthcare facilities.

The second project, project B is around enhanced laboratory biosafety capacity. Again, it will be designated biosafety officer here at the state lab to conduct assessment, planning and training. And then also, we'll be conducting laboratory coordination and outreach. We will be trying to coordinate the onsite assessments that we're conducting at the Ebola – designated Ebola Assessment Centers with the laboratory component.

The third project is focused on global migration and border interventions need. The term does not apply for that – for that project.

And I'm going to turn things back over to Mindee, now to talk about some other issues a little bit later.

Mindee Reece: OK. Thanks, Charlie. I think we have discussed during the last Population Health Call that one of our focuses in Kansas and across the country is identifying assessment hospitals for Ebola.

Kansas will not be identifying an Ebola treatment facility and we've been told by the Centers for Disease Control and Prevention that that is fine, that not every state needs to have a treatment facility, but the push has been for us to begin identifying assessment hospitals.

The assessment hospitals indicate their availability to provide care for a possible Ebola patient for the first 72 hours. And then, if the Ebola diagnosis is confirmed, that individual then would be transferred to one of the treatment centers in a different state.

To date, we have received completed checklists from many hospitals and at this point, we have five that have indicated they meet all of the criteria for becoming an Ebola assessment hospital and that they're also willing to let us identify the hospitals' location to the CDC.

This has changed a little bit over the last couple of weeks. So now, what we would have to identify is just the county in which the facility resides. That means we do not have to identify any hospitals by name or even by city, just by the counties where they're located.

And Charlie did correct me the information that I have with for the first 72 hours and actually is up to 96 hours. That is, an assessment hospital would need to be prepared to care for a suspected or confront the Ebola patient for up to 96 hours. We are in the process of preparing a letter that will be sent to those five hospitals that have indicated their willingness and capability to serve as an assessment hospital. Those should be going out later this week.

In addition to accepting the information from EMResource on the checklist, we're following up by e-mails to just confirm with those hospitals that they are willing to allow us to give their county information to the CDC and then basically, the terms of identifying themselves as an assessment hospitals that they will accept the patient that comes into their ER and keep them onsite for up to 96 hours while confirmatory testing is completed.

We also have new information about expanding new funding opportunity announcement for Ebola specifically for hospitals, and Jamie Hemler is going

to covered that in detail in her preparedness report and I will also be available for questions at the end of the call.

I'll turn it back to you.

Aimee Rosenow: Hey. Actually, I'm going to turn it right back over to Charlie for the latest updates.

Charlie Hunt: OK. Thank you. I'm going to talk a little bit about influenza activity. In general, activity in Kansas has decreased over the past couple of weeks so, this is the second week of decline that we've seen, but it has still remained elevated.

Just over 4 percent of patients reporting to our ILINet providers have been reported to have influenza-like illness. We reported in regional geographic's spread to CDC for the week ending, February 14th. And just as a reminder, our reports are going on Tuesdays each weeks so, we have not submitted our report yet for last week.

CDC is classifying our activity as high based on the rates. To date, we've had 30 influenza outbreaks this season. Most of these affected – nearly all of them have been in long-term care facilities: 29 out of the 30. We did have one outbreak reported in the correctional facility as well. And again, CDC is still urging the use of antiviral medications for patients with influenza.

Also I want to mention, influenza-associated peritonitis. You may recall that we issued a report to the Kansas Health Alert Network regarding influenza-associated peritonitis. I believe it was on February 10th. CDC and several states have noticed this. At that time, I think there were about 130 cases that have been reported from several states.

To date, we have had nine cases of influenza-associated parotitis. The case definition that we are using for this is: patient who's been diagnosed with influenza-associated parotitis or signs and symptoms compatible with parotitis and have laboratory confirmation of influenza and assessment being collected on or after October 1, 2014.

We are working with CDC closely on this and they have asked us to continue to collect cases through March 27, 2015 to assess and investigate. So once again, please refer back to the Health Alert Network message that we issued a couple of weeks ago.

And then finally, I want to talk this very briefly about measles. As you all are probably aware, there has been a very large multi-state outbreak associated with an amusement park in California. To date, there have been 133 cases in seven states. We have not had any cases in Kansas. However, we have noticed an increased in calls coming into the epidemiology hotline about measles. There was some confusion about the recommendations for measles vaccine, particularly for persons born before 1957.

And in general, persons born before 1957 are considered to be immune to measles because it was so wide-spread back then that the general public does not need to be vaccinated. The exceptions to these, of course, are healthcare workers. In 2013, the Advisory Committee on Immunization and Practices did update their recommendations. History of disease is no longer considered evidence of immunity.

In healthcare workers in particular, for those who were born before 1957, CDC recommends that they have either two doses of MMR vaccine unless they have other evidence of (measles). For example, a laboratory test showing that they actually had measles or if they have blood drawn showing that they're – they have immunity towards measles.

We are planning to update our disease investigation guidelines to reflect these changes and there are few other issues related to investigations that we will also include in there. So, be looking out for that.

And with that, I'll turn things back over.

Aimee Rosenow: OK. Thank you, Charlie. Next, we'll have an update from Greg Crawford with our Office of Vital Statistics.

Greg Crawford: Thank you very much. We have two major updates to share with everybody about the Kansas Information for Communities. We've sent out a couple of e-

mails, but again, this is just, kind of, an update for everyone that we now have Kansas Information for Communities on a new Web site. It has a new look and has new data (years) added. The new URL, if you haven't already seen the e-mail, is kic.kdheks.gov. And that will get you all of the query tools for birth, death, cancer, pregnancy, hospital discharge and population.

So, we've updated all the documentations as well so that you have some faster access to the query. Health tips are available when you query and then we've also maintained all of the KIC fast stats information which includes legislative profiles. There are updated legislative profiles for calendar year 2013 on the site. Other new data included 2013 birth, 2013 deaths, 2013 pregnancy outcomes, 2012 hospital discharges and then 2011 cancer incidence.

If you have any particular questions about KIC fast stats, we have an e-mail address that people can use and that would be Kansas.Health.Statistics@kdheks.gov. If you've also heard, we've updated Kansas Health Matters. That again is different from a query tool. If you've not used it, it's great for health assessment and community health improvement planning.

It has a new design. We've added a new feature called a Socio-need Index, which, kind of, rates the series of indicators and scores, zip codes and counties by their degree of socio-economic need. We've also created a number of training videos if you've not used Kansas Health Matters before and you'll see those training materials there.

There's also a topic of the month. So each month, we will have a highlighted issue that people can get into. We're consolidating the resource library and making it more searchable. A number of you have shared that you sometimes can't find things on Kansas Health Matters. And part of that related to the fact that some of our content was on a SharePoint server, which was not indexed to be searched. We've also added some other health assessment and improvement tools along the way.

All of that's available to provide guidance to you. And if you were working with Jane Shirley through local and rural health, you're free to call her. A lot

of time, she and I are consulting on tips and techniques that we can do for Kansas Health Matters to help you on assessment and improvement planning. If you are communicating about data on Kansas Health Matters, then you are more than welcome to use the e-mail address that I gave here for Kansas Information for Community.

And then lastly, the new data set that have been added to Kansas Health Matters deal with Behavioral Risk Factors Surveillance System. We've updated the new setting data year on that for, I believe, 2011. I believe it's now online. Hospital admission data is now updated, mortality and years of subject life loss has been updated. And the natality data sets have been updated on Kansas Health Matters. Data that we're looking to add here shortly would be the cancer morbidity data for the more commonly, more frequent cases and then marriage and divorce rates.

So in addition to that, if you have any questions, feel free to e-mail me at gcrawford@kdheks.gov and or if you've mentioned it to Jane, I'm sure she'll share it with me and we'll get it handled. And that's really all I have, Aimee.

Aimee Rosenow: Perfect. Thank you, Greg. Next, we have an update from our Bureau of Health Promotion. And Ginger Park is here to share it.

Ginger Park: Thanks, Aimee. I wanted to share a few training updates and also a planning meeting. So, the first training I'd like to talk to you about is the Early Detection Work Provider Training. That's for providers in clinics who are using Early Detection Works (EDW).

They've got a new system and so, they are offering a Webinar to provide this training on three different dates. It's Tuesday, March 10, from noon to one. It'll also be offered on Thursday, March 12, from noon to one and then Wednesday, March 18, from 4:00 to 5:00 pm.

This Webinar is for directors, physicians, supervisors and other team members who worked with the EDW Program. The Webinar will cover new processes for EDW payment reimbursement, EDW new data system and expectations for providers. So, please e-mail (ejoan@kdheks.gov), with your clinic name,

contact the information and preferred training date and she'll get you registered.

Then, I want to remind you again of the Injury Prevention Strategic Planning Meeting that will be held in Wichita. This is a one-day meeting on April 16 to develop a new five-year Injury Prevention Strategic Plan.

The group will work with the facilitator to create the plan, an individual action plan to prevent motor vehicle crashes, fall, poisoning, drowning and fire injuries. So, if you or a representative from your health department is interested in attending, please contact Lori Haskett and her number is 785-296-8163 or you can e-mail Lori at lhaskett@kdheks.gov.

We also have an injury prevention training coming up for Stepping On Leaders and that's going to be in (Salina), May 6 through the seventh. As a reminder, Stepping On is an evidence-based program that helps older adults reduce falls by incorporating and discussing fall risks, strength and balance exercises, medication, vision exams and home safety.

So, if you're interested in this Stepping On training, please contact Lori Haskett. I'll give you her number again, it's 785-296-8163 or you can e-mail her at lhaskett@kdheks.gov.

And then one last training is on using an organizational and team-based approach to tobacco cessation to include in your healthcare practice. And this will be held on Thursday, March 12th, from 8:30 in the morning to 12:30 in the afternoon. So, it's four-hour training. It will be available in person in Overland Park and then via Webcast in Garden City, Hays, Pittsburg, (Caney), and Wichita.

They have several locations so you can attend this training. Presenters from KU Med, KDHE and Wichita State School of Nursing will address current trends in cessation intervention, E-cigarettes, motivational interviews and the Kansas Tobacco Quitline.

Continuing education credits are available for this training for physicians, ARPM, nurses, respiratory therapist and social workers. The registration cost

is only \$10 if you pay by March 9 or \$20 after March 9. For more information or to register, visit kumc.edu/AHECcalendar or call Matt Schrock at 316-337-6056.

That's all I have.

Aimee Rosenow: Thank you, Ginger. We know in the original agenda that we sent out yesterday that we had scheduled an immunization program update, but they were unable to join us this morning. So hopefully, they'll be able to join us next month. But in the meantime, I wanted to make sure that you're paying attention to the What's Happening Wednesday weekly newsletter for some of this information. So, be on a look out for that coming up this week.

And next, we have Jane Shirley.

Jane Shirley: Thank you, Aimee. Hello, everyone. The first thing I want to talk about is the submission of Aid to Local Grants through the online system Catalyst. Hopefully, all of you who submit those applications are well on your way to getting them completed.

Please note that all applications are due at the end of the day on Monday, March 16. Please remember there are lots of help documents available Within Catalyst, if you go to the question mark in the upper right corner and click on that question mark, it will take you to a menu of help document.

We have some other guideline documents that are also available on the Aid to Local Web page. If the potential grantee has any questions or need any help that those documents don't answer, please contact us. If it's a program specific question, please contact the program staff. Catalyst questions will be handled by the catalyst support staff. All of those contacts phone numbers and e-mails are available on our Aid to Local Web page.

The second thing I want to let you know is that I'm announcing that registration is now open for the 10th Annual Governor's Public Health Conference, April 28 to 30 at the Wichita Marriott. Registration is on Kansas TRAIN and the course ID is 1055456. Thanks, Aimee.

Aimee Rosenow: Thank you, Jane. And next, we'll have our preparedness update. Jamie?

Jamie Hemler: Thanks, Aimee. I've got several notes here related to grants for both public health and hospitals. The Public Health Emergency Preparedness (PHEP) Ebola supplemental grant application was submitted last week by preparedness. This supplemental grant will run from April 1, 2015 through September 30, 2016. Work plan ideas were passed through members of the KALHD-KDHE Preparedness Team. If a health department chooses to take the additional funding, it will be understood that the local health department will follow KDHE's Ebola Preparedness and Response Plan if they have a suspected or confirmed Ebola case. Depending on population size, local health departments look to be getting between \$2,700 and \$146,000.

The Hospital Preparedness Program (HPP) Ebola funding opportunity announcement (FOA) came out on Friday. This grant is not a supplemental grant rather its own stand alone funding opportunity announcement with a five-year project period. While the focus would be on Ebola preparedness, this FOA recognizes that preparedness for other novel highly pathogenic diseases will also be enhanced through this activity. The total amount for Kansas is \$1,080,508. All funding will be provided in the first year and we will be expected to plan and maintain our state of readiness for the duration of the five years. So year 1 is for building and years 2-5 are for maintenance. There are two parts to this funding. Part A was calculated at 30% population and 70% risk based on returning travelers. Part B is competitive and is designated for up to 10 HPP awardees to develop a regional network for Ebola patient care. Part B will have two sole source awards which are Emory University Hospital and Nebraska Medical Center. We shall expect to receive finalize performance measures guidance in the next six weeks. So, there shouldn't be anything different than what we're tracking now for the base grant. Ebola treatment centers must be provided at least \$500,000 which it doesn't sound like we have any in Kansas. There will be additional funding that could go out to the assessment hospitals. With this funding, we're to consider facilities that have taken care of persons under investigation and for PPE replenishment.

Retrofitting costs can be recouped for assessment hospitals; training cost cannot be recouped. We may also use a portion of this funding to retroactively compensate healthcare coalitions and healthcare facilities for preparedness activity costs since July 2014. This does not include covering the uncompensated cost for the treatment of Ebola patients. HHS is working on separate mechanisms through the public health and social services emergency response programs to address this.

Individually supported hospitals must do their own exercises and coalitions must exercise annually. Past exercises will not be counted for this stream of funding. We are having a conference call at noon today with ASPR to talk about this guidance some more along with our continuation guidance that we received on Friday. This particular application is due on April 22 and is expected to be awarded on May 18.

So as I said, on Friday, we also received our continuation guidance for our base HPP-PHEP grant. Draft work plans for budget period 4 are already put together and we will be discussing those at the HPP-PHEP Planning Group meeting on Friday, March 6. Once those are finalized, the local health department work plan items will be integrated into Catalyst, hospital work plan deliverables will be posted on our website. A public health guidance document will be available from KDHE prior to July 1.

And I believe that is all I have right now.

Aimee Rosenow: OK. Thank you, Jamie. And now, we have our communications update and I'll let Sara Belfry kick that off.

Sara Belfry: All right. Hello, everyone. I hope you all have had a good February. I just had a really quick announcement. KDHE has hired a new deputy secretary of environment or for environment. His name is (Gary Mason) and he will be over the Division of Environment. Although, the division director John Mitchell is also still around if you guys interacted with him at all.

Gary will be focusing on really helping with external partner relations and things of that nature. So as you see his name, he certainly does work for us.

And so, I just wanted to make sure you were all aware and up-to-date on our (news).

Aimee Rosenow: All right. Thank you, Sara. The one thing that I wanted to update you all on is Severe Weather Awareness Week. KDHE staff will be participating in a proclamation signing tomorrow with the governor and several other partners like the National Weather Service and the Department of Emergency Management and (Fred) will also be there to represent KDHE.

For our part, we'll be sharing mostly information related to severe weather awareness through our social media channels. So, make sure that you're paying attention to those. We're also going to take this opportunity to remind you about (Fred's) app. So, it's a really great resource. It's a fun way to learn about preparedness, especially with severe weather awareness. And if you don't already have that on your iPhone or iPad, we really encourage you to do that.

And I think that's it for all of our updates in the room. So, we'll go ahead and open this up for our question-and-answer session.

Operator: Thank you, ma'am. At this time, if you would like to ask a question, press star one on your telephone keypad. We'll pause just a moment to compile the Q&A roster.

Again, that is star then the number one on your telephone keypad to ask a question.

Your first question comes from the line of Johnson County Department of Health and Environment.

Aimee Rosenow: Good morning.

Liz Ticer: Hello. This is Liz Ticer from Johnson County. My question is about the Aid to Local Grant Application. Lougene asked me yesterday if I knew what additional information needed to be put in because if – we don't have – do we have our grant award amount because that's what seems to be missing for

content to submit the cover page for signature because it automatically totaled the amount.

Jamie Hemler: Hey, Liz. I am assuming you're talking about the preparedness application?

Liz Ticer: Yes.

Jamie Hemler: No. There is no funding amount to enter for preparedness since allocations are not final yet.

Liz Ticer: Yes. The concern is that they – the commissioners are going to sign that page that has that total amount, that's not correct because we have to accept the award amount through the board.

Jane Shirley: Right. You're still – you're still not – this is Jane. You're still not going to put in the preparedness amount. So, what they're signing for is simply for the amount that you're applying for that is clearly defined at this point.

Liz Ticer: OK.

Jane Shirley: And the signature on that document, it's really not a contract of any kind. You will still have your – the same contract – the same contract demands that you've always had. That's just their agreement at this point that you are making that application.

Liz Ticer: OK. I think that's where she was confused. So, I will let her know that.

Jane Shirley: No problem.

Operator: Again, if you would like to ask a question, press star one. And there are no further questions from the phone line.

Aimee Rosenow: OK. Thank you, (Bradley). And just a real quick reminder, our next Statewide Population Health Call will be on March 24 at 10:00 am. So, look for those reminders. And there have been some really great updates today. We'll be posting the transcript for these on our local public health page.

So, feel free to contact us at anytime if you have any questions. Again, thank you for joining us this morning and we'll talk to you all next month.

Operator: Ladies and gentlemen, this does conclude today's conference call. You may now disconnect.

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